

City of Newton



Setti D. Warren
Mayor

HEALTH AND HUMAN SERVICES DEPARTMENT

Dori Zaleznik, MD, Commissioner
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Newton, MA 02459-1544



Public Health
Prevent. Promote. Protect.

Telephone 617.796.1420 Fax 617.552.7063
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RESIDENTIAL KITCHEN PLAN REVIEW APPLICATION

Date: _____

Name of Business: _____

Address of Business: _____

Is this address the location where the food will be prepared? Yes ☐ No ☐

If No, what is the address where the food will be prepared:
_____?

Name of Owner: _____

Phone: _____ Cell Phone: _____

Who do you plan on selling your product to?

Individuals, Friends, Family, Farmers Market (End Users) ☐ Restaurants, Stores etc. ☐

List the type (s) of food do you plan to sell: _____

Where will the ingredients be purchased? _____

Describe where the ingredients and final product be stored? _____

Describe how the product will be packaged: _____

Describe how the packages will be labeled (590 CMR 520.000): _____

Number of sinks in prep kitchen: _____ How will the sinks be used? _____

What kind of sanitizer will be used? _____

Describe the type of sanitizer test papers that will be used (i.e. Color of paper): _____

Email: dzaleznik@newtonma.gov

Do you have pets? Yes ☐ No ☐ Do you have children? Yes ☐ No ☐

How many employees will work preparing the product? _____

Do you have a dish machine? Yes ☐ No ☐ If yes, brand: _____

The operator shall provide and use a heat thermal label to determine that the dishwasher's internal temperature is a minimum of 150°F after the final rinse and dry cycle.

Attach test thermal label:

Maintain a record of labels for 30 days

Describe how children, family members, pets will be restricted from the Residential Kitchen Production Operations: _____

Hours and days of productions: _____

Will liquid soap and paper towels be provided in the toilet room? Yes ☐ No ☐

Will all surfaces, equipment etc. be cleaned and sanitized prior to food preparation: Yes ☐ No ☐

Describe food surfaces (i.e. hard wood, stainless, solid surface): _____

Please Note: All food surfaces shall be smooth, non-absorbent and easily cleanable

Is the laundry facility located in the kitchen? Yes ☐ No ☐

If yes, describe use: _____

Type of sewage disposal: City Sewage ☐ Private Septic ☐ If yes, has there been a recent

Title V Inspection? Yes ☐ No ☐ If yes provide a copy of the report or pump out.

Do you have written clearance from the Inspectional Services Department (ISD) to conduct a business out of your home: Yes ☐ No ☐

Email: dzaleznik@newtonma.gov

Are you a Certified Food Manager? Yes ☐ No ☐

Do you have an Allergy Awareness Certificate? Yes ☐ No ☐

PLEASE ENCLOSE THE FOLLOWING DOCUMENTS:

- ☐ Complete Residential Kitchen Plan Review Application along with a fee of \$50.00 made payable to the "City of Newton
- ☐ Completed Application for Permit to Operate a Food Establishment with a fee of \$50.00 made payable to the "City of Newton
- ☐ Certified Food Manager and Allergy Awareness Certificate
- ☐ Copy of Title V Inspection or pump out report (if applicable)

PLEASE NOTE THAT ALL FEES ARE NON REFUNDABLE

FOR OFFICIAL USE ONLY

Date Submitted: _____

Fee Received: _____ Check #: _____ Cash ☐

Updated 3/26/13

Email: dzalezniak@newtonma.gov